PIKES PEAK STATE COLLEGE

Request to Access Centennial Campus

After Posted Hours

Employee S#: _____

First Name: _____ Last Name: _____

Department: _____

Todays Date: _____ Work Phone #: _____

Dates Requested: _____

Please provide reason(s) to have access to Centennial Campus after posted hours:

_____

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_____

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_____

Employee Signature: _____ Date: _____

Vice President Approval: _____ Date: _____

President Approval: _____ Date: _____

Note: After approval, public safety will provide alarm access code and instructions to enter and secure the building.

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